# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Responses	s)															
1. Name and Address of Reporting Person* FREEMAN NANCI				2. Issuer Name and Ticker or Trading Symbol CROWN CRAFTS INC [CRWS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  X Officer (give title below) Other (specify below)  Exec Chairpsn / NoJo Baby&Kids					
(Last) (First) (Middle) 711 WEST WALNUT STREET				3. Date of Earliest Transaction (Month/Day/Year) 08/14/2019												
(Street) COMPTON, CA 90220				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
·	(State)	(Zip)			T	able I	- Nor	ı-De	rivative	Securit	ies Acqu	ired, Dispe	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea		Date			ion Date, if C		3. Transaction Code (Instr. 8)					Beneficially Owned Following Reported Transaction(s)		Following	Ownership Form:	Beneficial
					Co	de	V	Amount	(A) or			or Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
tock		08/14/2019				S			8,400	D	\$ 5.114	157,030	0		D	
tock		08/15/2019				S			6,600	D	\$ 5.2528	150,430	0		D	
tock												18,367			I	By spouse
port on a s	eparate line 1				•			Person the	sons whatained in form dis	no resp n this i splays	form ar a curre	e not requ ntly valid	uired to res	spond unle	ss	1474 (9-02)
			( <i>e.g.</i> , p	outs, call		arran		tions	s, conver	tible se	curities)			1	. 1	
e Conversion Date Execution Da or Exercise (Month/Day/Year) any		te, if Transaction Code					and Expiration Date (Month/Day/Year) Un Sec			ount of erlying urities tr. 3 and Derivative Security (Instr. 5)		Derivative Securities Beneficially Owned Following Reported	Owners Form of Derivati Security Direct ( or Indirect) (I)	Beneficia Ownersh (Instr. 4)		
									e ercisable		tion Titl	Amount or Number of				
A J u t t t T	nversion Exercise ce of rivative	MANCI  (First)  WALNUT STREI  (Street)  (Street)  (State)  rity  Oock  Oock  Oock  Ook  Ook  Ook  Ook	Address of Reporting Person* NANCI  (First) (Middle)  WALNUT STREET  (Street)  (I, CA 90220  (State) (Zip)  rity 2. Transaction Date (Month/Day/Year)  ock 08/14/2019  ock 08/15/2019  ock  oot on a separate line for each class of security of the security	Address of Reporting Person*  NANCI  (First) (Middle)  WALNUT STREET (Street)  (A. If  (A. CA 90220 (State)  (State)  (Month/Day/Year)  Ock  08/14/2019  Ock  08/15/2019  Table II - Deriv (e.g., 1)  Table II - Deriv (e.g., 1)  I - Date (Month/Day/Year)  Ock  3. Transaction  Date (Month/Day/Year)  I - Date (Month/Day/Year)  Ock  Table II - Deriv (e.g., 1)  I - Date (Month/Day/Year)  I - Date (Month/Day/Year)  Ock  I - Date (Month/Day/Year)  Ock  I - Deriv (e.g., 1)  I - Deriv (e.g., 1)  I - Date (Month/Day/Year)  I - Date (Month/Day/Year)  Ock  I - Date (Month/Day/Year)	Address of Reporting Person*  NANCI  (First) (Middle)  WALNUT STREET  (Street)  (Street)  (Street)  (State)  (Zip)  (State)  2. Issuer Na (ROWN C  08/14/2019  4. If Amenda  Execution Date (Month/Day/Year)  Ock  08/14/2019  Ock  08/15/2019  Ock  08/15/2019  Table II - Derivative Sec (e.g., puts, call  1	Address of Reporting Person*  NANCI  (First) (Middle)  WALNUT STREET (Street)  (State)  (State)  (Zip)  Tity  2. Transaction Date (Month/Day/Year)  Ock  08/14/2019  Ock  08/15/2019  Table II - Derivative Securit (e.g., puts, calls, we neversion pate (Month/Day/Year)  Table II - Derivative Securit (e.g., puts, calls, we neversion pate (Month/Day/Year)  Table II - Derivative Securit (e.g., puts, calls, we neversion pate (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Instr. 8)	Address of Reporting Person 2  NANCI  (First)  (WALNUT STREET  (Street)  (Street)  (State)  (Zip)  (State)  (Zip)  (State)  (Zip)  (An Deemed Execution Date, if (Month/Day/Year)  (Month/Day/Year)  (Code (Instruction of Execution Date)  (Instruction Of Of (Instruction	Address of Reporting Person* NANCI  (First) (Middle)  WALNUT STREET (Street)  (A. J. A. Deemed Execution Date, if (Month/Day/Year)  (Month/Day/Year)  (Code  Ock  Ock  Ock  Ock  Ock  Ock  Ock  Oc	Address of Reporting Person *	Address of Reporting Person* NANCI  (First) (Middle) (Street) (Street)  (Street)  (State)  (Zip)  (State)  (Zip)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (A) Ged (Month/Day/Year)  (Code (Instr. 8)  (Instr. 3)  (A) General (A) or D (Instr. 3)  (A) General (A) or D (Instr. 3)  (A) General (A) or D (Instr. 3)  (Code (Instr. 8)  (Month/Day/Year)  (A) General (A) or D (Instr. 3)  (Code (Instr. 8)  (Instr. 3)  (Instr. 3)	Address of Reporting Person* NANCI  (First) (Street)  (Street)  (State)  (Zip)  (Zip)  (Month/Day/Year)  (A)  (A)  (Code (Instr. 8)  (Instr. 3, 4 and 1)  (A)  ock  (B)  (B)  (B)  (B)  (B)  (B)  (B)  (B	Address of Reporting Person NANCI  (First) (Middle) (ANCI (First) (Middle) (Street) (MaLNUT STREET (Street) (Mall (Middle) (Month/Day/Year) (Middle) (Street) (Month/Day/Year) (	Address of Reporting Person NANCI    CROWN CRAFTS INC   CRWS	2. Issuer Name and Ticker or Trading Symbol CROWN CRAFTS INC [CRWS]  3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/A. Form filed by One Rep-Term filed by One Rep-Term filed by Mere than filed by Mere filed	Securities   Sec	2. Issuer Name and Ticker or Trading Symbol (ROWN CRAFTS INC [CRWS]   CROWN CRAFTS INC [CRWS]

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
FREEMAN NANCI 711 WEST WALNUT STREET COMPTON, CA 90220			Exec Chairpsn / NoJo Baby&Kids				

## **Signatures**

/s/ Olivia W. Elliott on behalf of Nanci Freeman	08/16/2019

**Signature of Reporting Person	Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.